WILLOW RIDGE HEALTHCARE FACILITY

400 DERONDA ST

AMERY 54001 Phone: (715) 268-8171	-	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	83	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	83	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	72	Average Daily Census:	69

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37.5
Supp. Home Care-Personal Care	No					1 - 4 Years	36.1
Supp. Home Care-Household Services	No	Developmental Disabilities	4.2	Under 65	2.8	More Than 4 Years	26.4
Day Services	No	Mental Illness (Org./Psy)	22.2	65 - 74	2.8		
Respite Care	No	Mental Illness (Other)	2.8	75 - 84	38.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.2	95 & Over	11.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	36.1	65 & Over	97.2		
Transportation	No	Cerebrovascular	4.2			RNs	9.2
Referral Service	No	Diabetes	5.6	Gender	%	LPNs	6.4
Other Services	No	Respiratory	6.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	5.6	Male	22.2	Aides, & Orderlies	50.8
Mentally Ill	No			Female	77.8		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No		ale ale ale ale ale ale ale		100.0		

Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other]	Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	339	33	91.7	119	0	0.0	0	27	93.1	140	0	0.0	0	0	0.0	0	67	93.1
Intermediate				3	8.3	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	2	6.9	84	0	0.0	0	0	0.0	0	2	2.8
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		36	100.0		0	0.0		29	100.0		0	0.0		0	0.0		72	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	11.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.3	Bathing	0.0		81.9	18.1	72
Other Nursing Homes	1.2	Dressing	22.2		61.1	16.7	72
Acute Care Hospitals	83.7	Transferring	26.4		59.7	13.9	72
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.4		55.6	18.1	72
Rehabilitation Hospitals	0.0	Eating	65.3		29.2	5.6	72
Other Locations	1.2	******	******	*****	******	******	*****
Total Number of Admissions	86	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Resp	iratory Care	13.9
Private Home/No Home Health	22.0	Occ/Freq. Incontiner	nt of Bladder	50.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	12.2	Occ/Freq. Incontine	nt of Bowel	18.1	Receiving Suct	ioning	0.0
Other Nursing Homes	8.5				Receiving Osto	my Care	1.4
Acute Care Hospitals	22.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	5.6	Receiving Mech	anically Altered Diets	20.8
Rehabilitation Hospitals	0.0						
Other Locations	1.2	Skin Care			Other Resident C	haracteristics	
Deaths	34.1	With Pressure Sores		4.2	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		6.9	Medications		
(Including Deaths)	82				Receiving Psyc	hoactive Drugs	58.3

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***********	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.4	81.9	1.01	85.5	0.96	85.9	0.96	88.8	0.93
Current Residents from In-County	83.3	72.8	1.14	71.5	1.16	75.1	1.11	77.4	1.08
Admissions from In-County, Still Residing	27.9	18.7	1.50	20.7	1.35	20.5	1.36	19.4	1.44
Admissions/Average Daily Census	124.6	151.4	0.82	125.2	1.00	132.0	0.94	146.5	0.85
Discharges/Average Daily Census	118.8	151.2	0.79	123.1	0.97	131.4	0.90	148.0	0.80
Discharges To Private Residence/Average Daily Census	40.6	74.0	0.55	55.7	0.73	61.0	0.67	66.9	0.61
Residents Receiving Skilled Care	93.1	95.3	0.98	95.8	0.97	95.8	0.97	89.9	1.03
Residents Aged 65 and Older	97.2	94.3	1.03	93.1	1.04	93.2	1.04	87.9	1.11
Title 19 (Medicaid) Funded Residents	50.0	71.9	0.70	69.1	0.72	70.0	0.71	66.1	0.76
Private Pay Funded Residents	40.3	16.7	2.41	20.2	2.00	18.5	2.18	20.6	1.96
Developmentally Disabled Residents	4.2	0.6	6.67	0.5	7.67	0.6	7.23	6.0	0.69
Mentally Ill Residents	25.0	29.5	0.85	38.6	0.65	36.6	0.68	33.6	0.74
General Medical Service Residents	5.6	23.5	0.24	18.9	0.29	19.7	0.28	21.1	0.26
Impaired ADL (Mean)	43.6	46.4	0.94	46.2	0.94	47.6	0.92	49.4	0.88
Psychological Problems	58.3	54.5	1.07	59.0	0.99	57.1	1.02	57.7	1.01
Nursing Care Required (Mean)	5.9	7.4	0.80	7.0	0.85	7.3	0.81	7.4	0.79